ADOPTION ASSISTANCE PROGRAM
APPLICATION AND DECISION

PART I   **APPLICATION FOR ADOPTION ASSISTANCE**

WE (I) HEREBY APPLY TO THE DEPARTMENT OF HEALTH AND FAMILY SERVICES FOR ADOPTION ASSISTANCE FOR

_____, BORN ON _____.
                                                                                                                          (mm/dd/yyyy)

WE (I) UNDERSTAND AND AGREE THAT A DETERMINATION OF THE ELIGIBILITY FOR AND AMOUNT OF ANY ADOPTION ASSISTANCE WILL BE MADE BY THE DEPARTMENT OF HEALTH AND FAMILY SERVICES, FOLLOWING THE FILING OF THIS APPLICATION, BASED ON INFORMATION CURRENTLY AVAILABLE REGARDING THE CHILD, INFORMATION WE (I) AGREE TO PROVIDE CONCERNING OUR (MY) FAMILY CIRCUMSTANCES, AND CRITERIA PURSUANT TO HFS 50.03 AND HFS 50.05.

Prospective Adoptive Father

_____   _____   _____
        SIGNATURE - Prospective Adoptive Father   Date Signed   Social Security Number

Prospective Adoptive Mother

_____   _____   _____
        SIGNATURE - Prospective Adoptive Mother   Date Signed   Social Security Number

Prospective Adoptive Parent(s) Address

_____   _____
                        Street Address   City, State, Zip Code

Representative of Guardianship Agency

Acknowledging Application _____   _____
                                                   SIGNATURE - Representative of Guardianship Agency   Date Signed

Representative of Servicing Agency, if different

_____   _____
        SIGNATURE - Representative of Servicing Agency   Date Signed

PART II   **DECISION ON APPLICATION FOR ADOPTION ASSISTANCE**

THE ABOVE APPLICATION FOR ADOPTION ASSISTANCE IS HEREBY: ☐ APPROVED   ☐ NOT APPROVED

Amount Approved $ _____

_____   _____
        SIGNATURE - Approving Authority   Date Signed

_____
                        Bureau

NOTICE OF RIGHT TO APPEAL

If you are dissatisfied with the decision regarding your application for Adoption Assistance, you have the right to request a review or to appeal the decision. To request a review, write to the Division Administrator, Division of Children and Family Services, P.O. Box 8916, Madison, WI 53708-8916. An administrative hearing to appeal a review finding should be addressed to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. It may be to your advantage to complete this appeal process prior to finalizing your adoption.